

PARENTING SERVICES DEPARTMENT
REQUEST FOR SERVICES

Case Name _____ Date _____

Case No. _____ File No. _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Pre-Decree | <input type="checkbox"/> Agreed Referral | <input type="checkbox"/> Full Investigation |
| <input type="checkbox"/> Post-Decree | <input type="checkbox"/> Post Decree Mediation | <input type="checkbox"/> Modified Investigation |
| <input type="checkbox"/> Court Ordered (by Judge/Mag) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Parenting Time Investigation |
| _____ | <input type="checkbox"/> Relocation | <input type="checkbox"/> Shared Parenting Investigation |

Mother has filed for ☐ Shared parenting ☐ To be sole residential parent ☐ Change of Parenting time
☐ Other _____

Father has filed for ☐ Shared Parenting ☐ To be sole residential parent ☐ Change of Parenting time
☐ Other _____

Specific problems to be addressed in the investigation:

Mother:

Name _____
Address _____ City _____ State _____
Home Phone () _____ Zip _____
Employer _____
Work Phone () _____
Attorney _____ Phone No () _____

Father:

Name _____
Address _____ City _____ State _____
Home Phone () _____ Zip _____
Employer _____
Work Phone () _____
Attorney _____ Phone No () _____

Children:

Name _____	Age _____	Living With Whom _____
_____	Age _____	Living With Whom _____
_____	Age _____	Living With Whom _____
_____	Age _____	Living With Whom _____

To Be Completed by Court for Parenting Time and Shared Parenting Investigations

Follow up hearing to be set? Yes _____ No _____ Length of time for hearing _____
Before Judge/Magistrate _____ Date of hearing _____ (if
pre-set by Magistrate or Judge – please call Parenting Services Dept. to obtain approx. time frame for appt. date –
hearings should occur no sooner than 45 days after first scheduled appt. with the parents)